

# MDHHS-5952, SENIOR FARMER'S MARKET NUTRITION PROGRAM APPLICATION

Michigan Senior Project Fresh  
Michigan Department of Health and Human Services  
(New 4-23)

## TO BE COMPLETED BY AGENCY – COUPON ALLOCATION

Coupon Number Range	Date	Staff Initials
From                  To		

Coupon Number	Date	Staff Initials
From                  To		

Applicant eligible?  
☐ Yes      ☐ Given coupons      ☐ Put on waitlist      ☐ No      If no, date denial sent to client

## SECTION 1 – ENTER APPLICANT INFORMATION

County	Date of Application
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First Name	Last Name
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Date of Birth	<input type="checkbox"/> 60 and older	<input type="checkbox"/> 55 and older and member of a Federally recognized Indian Tribe or Urban Tribal Group in Michigan
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Sex	Phone Number
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	

The collection of race and ethnicity is requested solely for the purpose of determining the State agency's compliance with Federal civil rights laws and ensures that the program is administered in a non-discriminatory manner.

Ethnicity Category
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

Race Category (select one or more)		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown

Address	City	State	Zip Code
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Telephone Number	Number of household members
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Indicate if you participate in any of the following programs (select all that apply).

<input type="checkbox"/> SNAP benefits (Bridge Card)	<input type="checkbox"/> Food Bank	<input type="checkbox"/> TFAP	<input type="checkbox"/> CSFP – Commodities
<input type="checkbox"/> Congregate meals	<input type="checkbox"/> Home delivered meals	<input type="checkbox"/> Other food assistance programs	

To be eligible to receive **Senior Project Fresh** coupons, you must be at least 60 years of age, or at least 55 years of age and a member of a Federally recognized Indian Tribe or Urban Tribal Group in Michigan, meet the income guidelines which are based on 185% of the Federal Poverty Guidelines for 2023 during the current fiscal year and apply for coupons at the lead agency that represents your county of residence. Your signature indicates that you have seen, or have been given a copy of the current income guidelines which are as follows, not to exceed:

For 1 person: \$26,973      For 2 people: \$36,482

If you have additional family members, see the chart for the income eligibility.

## SECTION 2 – CERTIFICATION BY PARTICIPANT

I have been advised of my rights and obligations for use of Senior Project Fresh coupons. I certify that that the information I have provided for my eligibility determination is correct, to the best of my knowledge. I am aware that I cannot receive farmers' market benefits from more than one state, more than one local agency or program model (check, coupon or CSA). This application is being submitted in connection with the receipt of Federal assistance (Senior Farmers' Market Nutrition Program known in Michigan as Senior Project Fresh). I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law. I affirm and attest that I am at least 60 years of age, or at least 55 years of age and a member of a Federally recognized Indian Tribe or Urban Tribal Group in Michigan, and I live in a county represented by a lead agency serving that county.

I understand that I may appeal any decision made by the local agency regarding my eligibility for the Michigan Senior Project Fresh program. I certify I meet the household size and income guidelines provided by the state and that I am eligible to receive Michigan Senior Project Fresh benefits.

Signature of Participant (type or sign your signature to agree to terms above)      Date

Signature of Staff/Volunteer (type or sign your signature to agree to terms above)      Date

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In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

**mail:**

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

**fax:** (833) 256-1665 or (202) 690-7442; or

**email:** [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.